

# Dialysis Billing

Medicaid is aware that some dialysis providers have been confused with certain billing requirements and situations that occur in Medicaid dialysis billing. Reported below is a posting of common billing tips for dialysis providers. Medicaid is currently working on claim examples that will be posted in the near future.

If you bill for dialysis claims and have other tips that you would like posted, please submit your request to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). Any questions or comments can also be directed to the Provider Inquiry Unit at 1-800-292-2550.

## DIALYSIS TIPS

- Dialysis Services should be series billed to avoid payment delay.
- Injections, Q codes, which are included with less than 10,000 units, should be reported with Revenue code 0634. Each date of service should be reported on separate claim lines.
- Injections, Q codes, which are included with greater than 10,000 units, should be reported with Revenue code 0635. Each date of service should be reported on separate claim lines.
- Injections, J codes, should be reported with Revenue code 0636 with each date of service reported on separate claim lines.
- Report Dialysis with Revenue code 082X through 085X reflecting the total number of treatments as the quantity for the month. A supporting HCPCS code is not required.
- Revenue code 0270 is included with dialysis and may not be reported separately.